

Pre-Employment Transition Services (Pre-ETS) Purchase of Service Summary Report Instructions

Provider Agency: Enter the name of your agency/school.

Reporting Period: Enter the month and year you are billing for. Example: 01/2015

Month of Service: Enter the month the service was provided. Enter this as a number, not the name of the month. Example: Enter the number “11” rather than “November”.

Year of Service: Enter the 4 digit year when the service was provided.

Total # Hours Billed: Enter the total number of hours billed either for an individual or for a group. You may bill in quarter hour increments, **e.g., 1.00 hour, .75 hour, .50 hour, .25 hour.**

Service to Groups: Use when you provide services to multiple students at the same time.

- Enter “N” if the service was one-on-one, not to a group.
- Enter “Y” if the service was provided to a group.
- Bill for only the time put in by the staff overall. For example, if one staff person completes one hour of service to 10 students, bill one hour, not 10 hours.

Number of Students Served: Enter the total number of students that were served in the group. If the service was not in a group, enter “1” for one-on-one.

Student’s Last Name

Student’s First Name

Student DOB: In the following format: mm/dd/yyyy

School Student Attends

Grade Level: Choose from a drop down box and select:

- Freshman
- Sophomore
- Junior
- Senior
- Senior - Student will graduate from high school at the end of the school year
- Senior + 1 - Student attending high school for one additional year
- Senior + 2 - Student attending high school for two additional years
- Senior + 3 - Student attending high school for three additional years

Primary Disability Code: Choose from drop down box which category reflects the student's primary disability:

- Autism
- Deaf/Blindness
- Emotional Disability (ED)
- Hearing
- Intellectual Disability (ID)
- Other Health Impairment (OHI)
- Orthopedic Impairment
- Speech/Language
- Specific Learning Disability (SLD)
- Traumatic Brain Injury (TBI)
- Visual Impairments

Job Exploration, Post-Secondary Opportunities, Workplace Readiness Training, Self-Advocacy and Work Based Learning: Enter "Y" if the service was provided or "N" if the service was not provided.

WBL-Total Hours Worked per reporting period: If work based learning was provided, enter the total hours the student participated in work activities for the time period billed.

WBL-Percentage of Intervention per reporting period: If work based learning was provided and the student needed job coaching time, enter the level of intervention they required.

- Example: Student worked 20 hours in the month and needed job coaching 10 of the 20 hours. Intervention Rate is 50.
- If no intervention was required enter "0".
- Enter a whole number, for example "30" not "thirty".

Activities that may occur within each category, but are not limited to:

Job Exploration

- Interest and abilities surveys
- Review career opportunity materials
- Job shadowing
- Business mentors
- Courses on career choices
- Information interviews

Post-Secondary Opportunities

- Facilitate exploration of career pathways
- Post-secondary entrance testing assistance
- Campus visits
- Assist with Federal Financial Aid applications

Workplace Readiness Training

- Soft and social skills training
- Peer mentoring programs
- Independent living skills training
- Public transportation training
- Customer service skills training

Self-Advocacy Training

- Access local self-advocacy training opportunities
- Goal setting training
- Time management training
- Problem solving training

Work Based Learning Experiences (WBL) Examples

- Paid and unpaid work experiences
- Community based short or long term internships
- On-the-Job Training (OJT)
- Apprenticeships

Submit the form:

- As an attachment
- In electronic format only to: bburghart@nd.gov
- No later than the 15th. Example: A January report should be submitted no later than February 15th.